

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-036755

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9347

FILED OCT 3 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN ST. LOUIS, MISSOURI

Length of stay in 1b

5 DAYS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION BARNES HOSPITALInside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY St. Louisc. CITY OR TOWN University City Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside give location)
7745 ELENE AVE. Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

WALTER

Middle

Last

STRIEGEL

4. DATE OF DEATH

Month

Day

Year

SEPTEMBER

28

1962

5. SEX

MALE

6. COLOR OR RACE

CAUC

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11-20-91

9. AGE (last birthday)

70

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
STA. ENGINEER10b. KIND OF BUSINESS OR INDUSTRY
CITY OF ST. LOUIS11. BIRTHPLACE (City and state or country)
STAUNTON, ILL.12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

FRED STRIEGEL

13b. MOTHER'S MAIDEN NAME

LOUISE BECKER

14. NAME OF HUSBAND OR WIFE

GEORGEANA

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

L3 GEORGEANA STRIEGEL, WIFE
7745 Eleene ave.18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) CONGESTIVE HEART FAILURE

INTERVAL BETWEEN ONSET AND DEATH
10 DAYS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) MYOCARDIAL INFARCTION

FEW WEEKS

DUE TO (c) ARTERIOSCLEROTIC HEART DISEASE

420.0

MANY YEARS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

DIABETES MELLITUS. CEREBRAL VASCULAR INSUFFICIENCY.

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from SEPT. 25, 1962 to SEPT. 28, 1962 and last saw her alive on SEPT. 28, 1962

Death occurred at 8:15 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M. D.

22b. ADDRESS

BARNES HOSPITAL

22c. DATE SIGNED

9/28/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

9-30-62

23c. NAME OF CEMETERY OR CREMATORY

GREENWOOD CEMETERY

23d. LOCATION (City, town, or county)

CLARKSVILLE, MO.

(State)

24. FUNERAL DIRECTOR

ADDRESS

3840 LINDEN

25. DATE RECD. BY LOCAL REG.

SEP 28 1962

26. REGISTRAR'S SIGNATURE

Paul Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1

2 40632

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12 52-0

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52

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Dorcas Williamson

Licensed Embalmer No. _____

3565

P. O. Address _____

3840 Graceland

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.